



## Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

### 2006 RIDESHARE PROGRAM UPDATE REPORT

The Massachusetts Rideshare Regulation, 310 CMR 7.16 (5), requires facilities to provide updated data on how their commuting population commutes to work. Facilities that are filing an annual update of their base report must fill out this form.

#### A. Facility Information

Facility Name \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Facility Street Address<sup>1</sup> \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

#### B. Facility Applicability and Sections of Form to Complete

1. **Facility Applicability.** Provide the numbers required below:

Total number of commuters<sup>2</sup>: \_\_\_\_\_ Total number of *applicable* commuters<sup>3</sup>: \_\_\_\_\_

See *Guidance on Complying with the Rideshare Regulation* for help with this section.

2. **Sections of Form to Complete.** See the information below to determine which sections of the form you must complete.

##### Non-Educational Facilities

- ◆ Facilities with 249 or less applicable commuters.
- ◆ Facilities with a DEP Operating Permit and 250 or more applicable commuters
- ◆ Facilities without a DEP Operating Permit Program and 250 to 999 applicable commuters
- ◆ Facilities without a DEP Operating Permit Program and 1,000 or more applicable commuters

##### Sections of Form to Complete

- ◆ Sign Section I.
- ◆ Complete entire form.
- ◆ DEP will phase in your facility in the future. Sign Section I or you may also complete the entire form.
- ◆ Complete entire form.

##### Educational Facilities

- ◆ Facilities with 999 or less applicable commuters
- ◆ Facilities with 1,000 or more applicable commuters

##### Sections of Form to Complete

- ◆ Sign Section I.
- ◆ Complete entire form.

#### C. Summary Information on Commute Data Collection Method

1. **Commute Data Collection Week.** Select one week to collect commute data and indicate the dates that your facility collected the data: From \_\_\_\_\_ to \_\_\_\_\_
2. **Total Number of Applicable Trips.** Calculate the total number of possible trips:

\_\_\_\_\_ # Work Days in Data Collection Week x \_\_\_\_\_ Total # Applicable Commuters<sup>4</sup> =  
\_\_\_\_\_ Total # of Possible Trips by Applicable Commuters

<sup>1</sup> Please attach a list of all building locations within walking distance or a one mile radius.

<sup>2</sup> "Commuters" refers to all employees at the facility. For educational facilities, this includes all employees and students.

<sup>3</sup> "Applicable commuters" refers to *applicable employees*. *Applicable employees* work 17 hours or more per week for 20 weeks or more per year; begin and complete their workday between 6 a.m. and 8 p.m.; and, use their vehicle during work hours less than five times a month. For educational facilities, "applicable commuters" refers to *applicable employees and students*. Applicable students are: full-time students and live off campus; scheduled to begin and complete their classes between 6 a.m. and 8 p.m.; and need their vehicles for class assignments or after-school work less than five times a month.

<sup>4</sup> Facilities using the Random Sample method, enter the number of applicable commuters in your sample size.



## Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

### 2006 RIDESHARE PROGRAM UPDATE REPORT

3. **Commute Data Collection Method.** See *Guidance on Collecting Commute Data* for a detailed description of each survey method. Please check ☒ the commute data collection method your facility used:

- ☐ Census Survey (your facility distributed surveys to *all* applicable commuters)
- ☐ Random Sample Survey (your facility distributed surveys to a randomly selected sample of applicable commuters)
- ☐ Direct Count (your facility counted applicable commuters in vehicles entering parking lots and all other means of collecting commute data)

4. **Description of Commute Data Collection Method**

**Census Survey Method:**

Include a description of how your facility conducted the census survey and collected data on applicable commuter commute trips. If your facility used a survey form other than the enclosed commute survey forms to obtain the commute data please attach the survey to this report.

**Random Sample Survey Method:**

Include a description of how your facility conducted the random sample survey and collected data on applicable commuter commute trips. If your facility used a survey form other than the enclosed commute survey forms to obtain the commute data, please attach the survey to this report. In accordance with the method described in the *Guidance on Collecting Commute Data*, please provide the:

1. Number of applicable commuters your facility was required to sample \_\_\_\_\_
2. Sample skip interval \_\_\_\_\_
3. Sample's random number start \_\_\_\_\_

**Direct Count Method:**

Include a description of how your facility conducted the direct count. Explain what transportation records were reviewed to obtain direct count commuter data.



**Massachusetts Department of Environmental Protection**  
**Rideshare Program, 310 CMR 7.16**  
**2006 RIDESHARE PROGRAM UPDATE REPORT**

5. **Commute Data Collection Method Response Rate.** Please provide the response rate your facility obtained with its commute data collection method. Count only those surveys completed by *applicable* commuters. Please refer to *Guidance on Collecting Commute Data* for details on the minimum response rate for each method.

a. **Census Survey Method.**

$$\begin{array}{c} \text{\# of Applicable Commuters} \\ \text{Responding to Survey} \end{array} \div \begin{array}{c} \text{Total \# of Applicable} \\ \text{Commuters at Facility} \end{array} \times 100 = \begin{array}{c} \text{Census Survey} \\ \text{Response Rate} \end{array} \%$$

b. **Random Sample Survey Method.**

$$\begin{array}{c} \text{\# of Applicable Commuters in} \\ \text{Sample Responding to Survey} \end{array} \div \begin{array}{c} \text{Total \# of Applicable} \\ \text{Commuters in Sample} \end{array} \times 100 = \begin{array}{c} \text{Random Sample Survey} \\ \text{Response Rate} \end{array} \%$$

c. **Direct Count Method.**

$$\begin{array}{c} \text{\# of Applicable Commuters} \\ \text{Counted} \end{array} \div \begin{array}{c} \text{Total \# of Applicable} \\ \text{Commuters at Facility} \end{array} \times 100 = \begin{array}{c} \text{Direct Count} \\ \text{Response Rate} \end{array} \%$$

**D. Summary of Commute Data (SCD) Forms**

Use the table below to determine the *Summary of Commute Data (SCD) Form* your facility must complete based upon your commute data collection method and response rate. You must submit your SCD form to DEP with this report.

If your facility used the ...	And you obtained commute data from...		You count your non-responders by using...
Census Survey or Direct Count Method	≥ 90% of your applicable commuters		SCD Form 1
	≥ 75% but < 90% of your applicable commuters		SCD Form 2
	≥ 50% but < 75% of your applicable commuters and	1. your facility opts to implement one additional drive-alone trip reduction incentive in addition to the incentives already implemented <sup>5</sup>	SCD Form 2
		2. your facility opts <b>NOT</b> to implement an additional trip reduction incentive <sup>6</sup>	SCD Form 3
Random Sample Survey Method	All applicable commuters in your sample		SCD Form 4
	≥ 90% of the applicable commuters in your sample		SCD Form 4

<sup>5</sup> See the list of *Optional Drive-Along Trip Reduction Incentives* in the *Guidance on Collecting Commute Data* for a list of bicycling incentives, work schedules and other incentives that your facility may opt to put into place.

<sup>6</sup> Selecting this option will increase your facility's number of drive-alone commute trips (DACTs). On Form 3, non-responder commuters are counted as drive-alone commuters. This will increase the number of DACT reductions your facility needs to meet its 25% DACT reduction goal.



## Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

### 2006 RIDESHARE PROGRAM UPDATE REPORT

#### E. Implementation, Publicity, and Maintenance of Drive-Alone Trip Reduction Incentives

1. **Status of Drive-Alone Trip Reduction Incentives.** In the table below, check ☒ which incentives your facility currently implements, publicizes, and maintains. Estimate the number of trip reductions that have been achieved, if any, since the facility filed its base report. The table lists the incentives that are required by 310 CMR 7.16(1).

All facilities must implement, publicize, and maintain trip reduction incentives a, b and c.

Facilities that are located within one mile of public transit must also implement, publicize, and maintain trip reduction incentives d, e and f.

Is your facility located within one mile of public transit? Yes ☐ No ☐

Facilities with 1000 or more applicable commuters<sup>7</sup> must also offer trip reduction incentive g.

Does your facility have 1000 or more applicable commuters? Yes ☐ No ☐

Required Drive-Alone Trip Reduction Incentive	Does your facility currently implement this incentive?	Does your facility currently publicize this incentive?	Does your facility currently maintain this incentive?	Estimated number of drive-alone commute trip (DACT) reductions achieved from incentive(s) since filing your Base Report. <sup>8</sup>
a. Conduct carpool matching	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Designate preferential parking for carpools (and vanpools, if required)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. Establish bicycling incentives	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. Provide transit passes	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
e. Post bus schedules, rates and routes	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
f. Negotiate with bus providers	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
g. Conduct vanpool matching	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
h. Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
i. Add lines a. through h. Estimated total # of DACT Reductions Achieved Since Filing Base Report. This should equal the "# DACT Reductions" in Section G, Step 1.				

#### F. Description of Trip Reduction Incentives

Attach a detailed description of how each incentive has been implemented, publicized, and maintained. For any incentives not yet implemented, include the date that the incentive will be implemented within 30 days. For "negotiate with bus providers", please detail the request for improved service (by letter, telephone, or meeting), the date of the request, and to whom the request was made.

<sup>7</sup> Only educational facilities with 1000+ applicable employees are required to conduct vanpool matching.

<sup>8</sup> This is an estimate of the *increase* of DACT reductions since your facility's base year. Do not double count DACT reductions associated with more than one incentive.



## Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

### 2006 RIDESHARE PROGRAM UPDATE REPORT

#### G. Current Year Reductions of Drive-Alone Commute Trips (DACTs)

**Step 1. Calculate the DACT reductions at your facility since the base year.** This calculation accounts for any employment number changes at your facility and compares the number of DACTs in the current year to the number of DACTs in the base year. Use your facility's Rideshare Program Base Year Report and current year *Summary of Commute Data Form* (SCD) to complete this section.

Total # of DACTs (Base Year _____)	+	Total # of DACTs for Non-Responders <sup>9</sup> (Base Year)	=	Adjusted Total # of DACTs (Base Year)
<input type="text"/>		<input type="text"/>		<input type="text"/>
				Put this number at the * in Section G, Step 2
Adjusted Total # of DACTs (Base Year)	÷	Total # of Trips, All Modes <sup>10</sup> (Base Year)	X 100 =	Actual % DACTs (Base Year) <input type="text"/> %
<input type="text"/>		<input type="text"/>		
				# Responding applicables x # commuter days/week
				Round off to the nearest whole number.
Actual % DACTs (Base Year)	X	Total # of Trips, All Modes (Current Year) (See "J" from SCD Form)	=	# DACTs (Maintaining the Base Year % DACTs)
<input type="text"/> %		<input type="text"/>		<input type="text"/>
# DACTs (Maintaining the Base Year % DACTs)	-	Total # of DACTs (Current Year) (See "A" from SCD Form)	=	# DACT Reductions*
<input type="text"/>		<input type="text"/>		<input type="text"/>
				* If # is > 0, this should equal the trip reductions in section E.1.i
				* If # is < 0, no DACT reductions were achieved.

**Step 2. Calculate the number of DACTs your facility needs to meet its 25% base year reduction goal.**

Compare the current year "Target # DACTs" to the current year "Total # DACTs."

Adjusted Total # of DACTs (Base Year) (See Section G, Step 1)	X	.75	=	Target DACTs (Base Year)
<input type="text"/>				<input type="text"/>
Target DACTs (Base Year)	÷	Total # of Trips, All Modes (Base Year)	X 100 =	Target % DACTs (Base Year Goal) <input type="text"/> %
<input type="text"/>		<input type="text"/>		
				Round off to the nearest whole number.
Target % DACTs (Base Year Goal)	X	Total # of Trips, All Modes (Current Year) (See "J" from SCD Form)	=	Target # DACTs (Current Year)
<input type="text"/> %		<input type="text"/>		<input type="text"/>
Total # DACTs (Current Year) (See "A" from SCD Form)	→	Target # DACTs (Current Year)	=	25% DACT Reduction Goal**
<input type="text"/>		<input type="text"/>		<input type="text"/>
				** If # is > 0, your facility needs this number of reductions to meet its 25% reduction goal.
				If # is = 0, your facility has met its 25% reduction goal.
				If # is < 0, your facility has met and exceeded its 25% reduction goal.
				Optional:
				25% DACT Reduction Goal _____ - Pre-Base Year Reductions _____ = Adjusted Reduction Goal _____

<sup>9</sup> Facilities with 1995-1997 base reports, enter "0". Facilities with 1998-1999 base reports, see Section B. Facilities with 2000-2005 base reports and used Summary of Commute Data Forms 3 or 4, enter "0".

<sup>10</sup> Facilities with 1995-1997 base reports, see section D. Facilities with 1998-1999 base reports, see Section B. Facilities with 2000-2005 base reports and used Summary of Commute Data Forms 3 or 4, see "J" for this number.



## Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

### 2006 RIDESHARE PROGRAM UPDATE REPORT

#### H. Additional Rideshare Program Information (Optional)

Please provide estimated costs for the start-up implementation, publicity, and maintenance of each required trip reduction incentive.

#### I. Certification Statement

*I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and supporting information and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.*

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
E-mail Address

Submit this form by **December 31, 2006** to:

**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention  
Massachusetts Rideshare Program  
One Winter Street  
Boston, Massachusetts 02108**

If your facility was required to collect commuter data, submit your *Summary of Commute Data* form along with a sample copy of your survey/direct count form. Any questions? Call the Massachusetts Rideshare Program at 617-292-5663.